



PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

I would like to support Cassie + Friends through ongoing monthly donations!

GIFT AMOUNT:

Please debit my bank account for the following amount each month (*attach a void cheque or fill out the EFT form on the second page*):

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ Other: _____

I would like my donation to support the following:

- ☐ Area of greatest need
- ☐ Centre of choice (please indicate): _____
- ☐ Other: _____

DONOR INFORMATION:

Donor Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

PLEASE SEND YOUR COMPLETED FORM TO:

Cassie + Friends Society

100 – 33 East 8th Avenue

Vancouver, BC V5T 1R5

Phone: 604-617-1382

Email: jennifer@cassieandfriends.ca

Website: cassieandfriends.ca

I may revoke my authorization at any time by providing 30 days notice in writing to Cassie + Friends Society. I also have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or consistent with this PAD agreement.

Donor Signature: _____ Date: _____ (mm/dd/yyyy)

Electronic Funds Transfer Form

Account Holder's First and Last Name:

Type of Account: ☐ Chequings ☐ Savings

Bank Name and Address:

Transit Number:

Institution Number:

Account Number:

I authorize **Cassie and Friends Society** to debit my account monthly through an Electronic Funds Transfer (EFT) for the purpose of monthly donations to the organization.

Account Holder's Signature:

Date:

 (mm/dd/yyyy)